


Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name HING WANG CAJUN		Telephone Number Est 812-924-7388 Own		Date of Inspection 12/03/2021	ID#
Address 2116 E. SPRING ST, NEW ALBANY IN 47150		Purpose <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)		Follow Up	Released 12/02/2021
Owner				Menu Type 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Owner's Address ,					
Person in Charge KONG HUANG NI					
Responsible Person's Email					
Certified Food Handler					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"					
Section #	C	NC	R	Narrative	To Be Corrected
196		X		Observed the menu to not have an advisory statement for undercooked foods.	before opening
430		X		Observed area behind front counter to have damaged or missing grout.	Before opening
433		X		Observed no mop hooks or method to hang mops to dry.	before opening
Summary of Violations C <u>0</u> NC <u>3</u> R <u>0</u>					
Received by (name and title printed):				Inspected by (name and title printed): Thomas Snider CFS	
Received by (signature):				Inspected by (signature): 	
cc:		cc:		cc:	